

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No.

10805

30/2E/28D

Water Right Permit No.

(1) OWNER: Name TWIN VIEW Address 757 E. CLASSIC, GREENBANK WA 98253

(2) LOCATION OF WELL: County ISLAND DEPT. OF ECOLOGY NW 1/4 NW 1/4 Sec 28 T. 30 N. R. 2E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) CLASSIC RD. GREENBANK WA 98253

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☒ Other ☐  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 2  
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 209 feet. Depth of completed well 159 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 0 ft. to 145 ft.  
Welded ☒ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name COOK

Type STAINLESS Model No. \_\_\_\_\_

Diam. 6 Slot size 14 from 144 ft. to 149 ft.

Diam. 6 Slot size 20 from 154 ft. to 159 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.

Material used in seal BENTONITE

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_

Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level 425 + ft.

Static level 126 ft. below top of well Date 10-93

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test \_\_\_\_\_

Bailer test 20 gal./min. with 15 ft. drawdown after 2 hrs.

Airtest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
HARD PAN	0	22
SANDY CLAY	22	73
HARD PAN	73	140
WATER SAND	140	149
HARD PAN	149	154
WATER GRAVEL	154	159
CLAY	159	210

Work started Oct, 1993 Completed Oct 14, 1993

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY DRILL  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR WA.

(Signed) Pennie Fole License No. 129  
(WELL DRILLER)

Contractor's Registration No. WHD 289 MM Date Oct 15, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

Unique Well Tag No: \_\_\_\_\_

AGA 817 / 900323 / 02

## RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

gwn

## WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name RUN VIEW EST COMM

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address: ACROSS FROM 850 E HOLLOW RD - BACK OF PROP

City \_\_\_\_\_ County \_\_\_\_\_

T \_\_\_\_\_ N R \_\_\_\_\_ W M Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

Additional information, if available.

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING EXPOSED W/ GABLED MARKER NEXT TO IT IN CLEARING  
IN THE BACK OF PROP DESCRIBED IN ADDRESS

Location of Well Identification Tag

*CM22*

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Is, where was tag placed?

D	C	B	A
	F	G	H
M	L	K	J
I	P	Q	R

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION \_\_\_\_\_

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # \_\_\_\_\_

Date Issued \_\_\_\_\_

One      Application      Permit      Certificate      Claim      Exempt